

Ohio Department of Rehabilitation and Correction
Institution Religious Accommodation Review Committee
Response To Request For Religious Accommodation

Offender Name:	Number:
Current Religious Affiliation:	RE: DRC4326 Dated:

Chaplain Recommendation:

Chaplain's Signature:	Date:
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Accommodation Review Committee Response:

Committee Chairperson Signature:	Date:
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Warden's Decision: ☐ Approved ☐ Disapproved ☐ Refer to Reg. Religious Services Admin.
Comment

Signature:	Date:
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